



Town of Lunenburg Building Department
PO Box 135 17 Main Street Lunenburg, MA 01462
Phone: (978) 582-4146

Building Permit Application

Mike Sauvageau, Building Inspector

Office Hours: Town Hall – Mon, Wed & Thurs., 8 - 4; Tues., 8 – 6:30 pm, Fri 8 – 12 noon
Town Hall, Second Floor

BUILDING PERMIT APPLICATION PACKAGE SUBMITTAL REQUIREMENTS

The following documents and information shall be presented to the Building Inspector as part of the application for a building permit.

APPLICATIONS FOR A BUILDING PERMIT MUST BE MADE IN PERSON TO THE BUILDING INSPECTOR. LICENSED CONTRACTORS ARE OBLIGATED TO OBTAIN PERMITS FOR ALL CONTRACTED WORK. HOMEOWNERS MAY OBTAIN THEIR OWN PERMITS WHEN DOING THE WORK.

Items 1 through 10 below shall be submitted in person to the Building Inspector at the Lunenburg Town Hall during office hours. (see attached sheet). Failure to provide any of the listed items or information will result in the application being deemed incomplete. Allow at least two (2) weeks from the date of completion for issuance of the building permit.

In all cases where work covered by a building permit application involves a variance issued by the Zoning Board of Appeals (ZBA), or a special permit issued by any special permit granting authority (SPGA), or an Order of Conditions issued by the Conservation Commission, or any other document required to be recorded, proof of recording at the Worcester Registry of Deeds shall also be required as part of the application submittal.

- 1. APPLICATION FORM:** Each application form shall be filled out completely and signed by both the homeowner and the builder.
- 2. FEE:** A check payable to the Town of Lunenburg covering the cost of the building permit, as determined by the Building Inspector.
- 3. WORKER'S COMPENSATION AFFIDAVIT:** This affidavit shall be fully completed and signed if a contractor is conducting the work. The required certificates shall be attached.
- 4. BUILDING PLANS AND SPECIFICATIONS:** Two (2) copies of the complete detailed building plans and specifications shall be submitted and must contain the owner's name, address, date of submittal, subdivision lot number, street, and house number. Further, the plans shall show all smoke detectors and CO detectors as required by the Massachusetts State Building Code. If the plans include the LVL's, paralams or steel beams, all calculations, signed and stamped by a structural engineer, shall be submitted along with the plans.
- 5. SEPTIC SYSTEM PERMIT:** This permit shall be current and valid, signed by the Board of Health, and designed for applicable lot and house.
- 6. WATER TEST RESULTS:** A copy of the complete chemical analysis, as required by the Board of Health, showing that potable water is available.
- 7. STREET NUMBER & DRIVEWAY PERMIT:** The street number is assigned by the Building Inspector before the driveway permit is issued. A copy of the driveway permit must be provided. In the case of a Common Driveway each application shall include a copy of the Common Driveway permit as recorded at the Registry of Deeds, and a lot release signed by the Planning Board.
- 8. ENERGY AUDIT:** As required by the Massachusetts State Building Code for heated spaces, the energy audit shall contain project address and name of person performing the audit. The audit shall be submitted on the attached form and signed by the individual performing the audit. Applications for additions and sunrooms may use the appropriate alternate energy compliance form.
- 9. PLOT PLAN:** For new construction a plan of the buildable lot, either an ANR plan signed by the Planning Board or the applicable sheet from an approved subdivision plan or backland lot plan shall be provided. A scaled drawing may be submitted for minor construction projects.

10. REVIEW AND APPROVAL BY OTHER DEPARTMENTS: The following departments or boards must review and sign off on all applications. It is the responsibility of the applicant to obtain these reviews and signatures. **The applicant must submit copies of the latest supporting documents (permits, orders of conditions, septic system approvals, etc.) with the application.** Any application missing any of these signatures will be deemed incomplete and returned to the applicant. If any of these reviews is not applicable, the department or agent should so indicate and sign.

The building inspector reserves the right to review all applications and where, in his judgment, department signoff is not required, that sign off can be waived by the building inspector.

This department also requires an "AS BUILT" plan be submitted to this office, indicating the location of footings and foundations when they are placed to insure dimensional conformity with the Zoning Protective by-laws of the Town. This survey is to be stamped by a Registered Land Surveyor.

Telephone Numbers:

Building Inspector:	Mike Sauvageau	978 582-4146
Plumbing Inspector:	Gary Williams	978 582-6974
Wiring Inspector	James Sharkey	978 582-7448
Fire Chief	Scott Glenney	978 582-4155
Conservation Commission		978 582-4143
Board of Health		978 582-4135
Health Agent, Nashoba Associated Boards of Health		800 427-9762
Department of Public Works		978 582-4160
State DPW, Worcester		508 754-7204
Water District		978 342-9211



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling



This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes _____ no _____

Map Number _____ Parcel Number _____

1.3 Zoning Information:

1.4 Property Dimensions:

Zoning District _____ Proposed Use _____

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone? _____
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ Address for Service: _____

Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐
Demolition ☐ Accessory Bldg. ☐ Number of Units _____ Other ☐ Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
		1. Building Permit Fee: \$ _____ Indicate how fee is determined: _____
		Total All Fees: \$ _____
Total Project Cost:	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____
		<input type="checkbox"/> Paid in Full

SECTION 5: CONSTRUCTION SERVICES**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder _____

Address _____

Signature _____

Telephone _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (up to 35,000 Cu. Ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry Only

RC

Residential Roofing Covering

WS

Residential Window and Siding

SF

Residential Solid Fuel Burning Appliance Installation

D

Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____

Telephone _____

Registration Number _____

Expiration Date _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name _____

Signature of Owner or Authorized Agent _____

Date _____

(Signed under the pains and penalties of perjury)

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R.6 and 110.R.5, respectively.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (Sq. Ft.) _____ Habitable room count _____

Number of fireplaces _____ Number of bedrooms _____

Number of bathrooms _____ Number of half/baths _____

Type of heating system _____ Number of decks/ porches _____

Type of cooling system _____ Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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BUILDING APPLICATION CHECKLIST

Property Address: _____

Building Application for: _____

Applicant Name: _____ Telephone: _____

Before submitting an application for a building permit for a new building unit or addition, the following departments must sign off:

CONSERVATION COMMISSION

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Project within the flood plain
- ☐ Endangered Species habitat
- ☐ Project w/i 100 ft of wetland
- ☐ Project w/i 200 ft of stream
- ☐ Other

BOARD OF HEALTH

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Septic
- ☐ Sewer
- ☐ Food Service Permit Required
- ☐ Room Count
- ☐ Other

DEPARTMENT OF PUBLIC WORKS

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Road Opening Approved
- ☐ Driveway Design Approved
- ☐ Subsurface drainage onto public way acceptable
- ☐ Other

SELECTMEN'S OFFICE

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Licenses _____ Approved
- ☐ Other

SEWER COMMISSIONERS

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Sewer Connection Approved
- ☐ Betterment Fee Paid
- ☐ Other

ASSESSOR'S OFFICE

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Property in 61, 61A or 61B
- ☐ Parcel ID Verified
- ☐ Roll Back Taxes Paid
- ☐ Other

PLANNING AND DEVELOPMENT

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Special Permit Required
- ☐ Development Plan Review Required
- ☐ Scenic Road Review Required
- ☐ Other

TOWN CLERK

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Fines
- ☐ Other

FIRE DEPARTMENT

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Fuel Storage Permit Approved
- ☐ Commercial Hood Approved
- ☐ Smokes and CO Detectors Required
- ☐ Oil Burner Permit Required
- ☐ Other

TAX COLLECTOR/TREASURER

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Compliant – OK to issue
- ☐ Non-Compliant – Do not issue
- ☐ Taxes Paid
- ☐ Outstanding Liens/Debts
- ☐ Other

ZONING ENFORCEMENT

A plot Plan indicating building or additional footprint, front/rear/side setbacks, and height MUST BE SUBMITTED

Signature of Authorized Member or Designee: _____

Date: _____

Comments: _____

- ☐ Not Applicable
- ☐ Meets Zoning Requirements – OK to issue
- ☐ Does Not Meet Zoning Requirements – Do not
- ☐ Other



Town of Lunenburg Building Department

Michael J. Sauvageau
Building Commissioner
Zoning Official

17 Main Street, Lunenburg, MA 01462
Phone: 978 582-4146 Fax: 978 582-4148

AFFIDAVIT

**Home Improvement Contractor Law
Supplement to Permit Application**

MGL c. 142A require that "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one, but not more than, four dwellings units...or to structure which are adjacent to such residence or building" be done by registered contractor, with certain exceptions, along with other requirements.

Type of Work: _____ **Estimated Cost:** _____

Address of Work: _____

Name of Business: _____

Owner Name: _____

Date of Permit Application: _____

I HEREBY CERTIFY THAT:

Registration is not require for the following reason(s):

- ☐ Work Excluded by Law
- ☐ Job under \$1,000
- ☐ Building not owner occupied
- ☐ Owner pulling own permit
- ☐ Other (specify) _____

Notice is given that:

**OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH
UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT
WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR
GUARNANTY BUND UNDER MGL c. 142A.**

Signed under penalties of perjury:

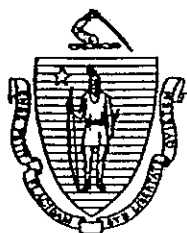
I hereby apply for a permit as the agent of the owner:

Signature Date

Or

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property.

Owner Signature Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____